

California Children's Services (CCS)
High Risk Infant Follow-Up (HRIF) Program
REGISTRATION – CLIENT IDENTIFICATION FACE SHEET

Instructions: This client registration information must be collected one time per client. The program is available to infants who meet CCS HRIF medical eligibility criteria and who are medically eligible for CCS or had a CCS medically eligible condition at some time during their stay in a CCS approved NICU, even if they have never been a CCS client.

Fax the completed form to (916) 327-1123. If you have any questions, call Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443.

SECTION A: HRIF PROGRAM REGISTRATION INFORMATION

1. CCS Number: If no CCS Number is assigned check (✓) this box:
 See Note below*
2. Year of Birth (YYYY): 3. Zip Code of Birth Hospital:
4. Zip Code of Discharge Hospital: 5. Zip Code of HRIF Program:
6. Enter Your NICU's CPQCC Center Number: 7. Gender: Male Female Not Reported
8. Insurance Status: Check (✓) all that apply
 CCS Medi-Cal Healthy Families Commercial PPO Commercial HMO

SECTION B: MEDICAL ELIGIBILITY CRITERIA MET FOR CCS HRIF PROGRAM

9. Birth Weight: grams 10. Gestational age at birth in weeks and days: Weeks Days

Check (✓) all responses that apply for Question (11).

11. Medical criteria for infants greater than 1500 grams and greater than or equal to 32 weeks gestational age:

(✓)	Medical Criteria	(✓)	Medical Criteria	(✓)	Medical Criteria
	Cardiorespiratory depression at birth		Chronic lung disease		Documented seizure activity
	Prolonged hypoxia, acidemia, hypoglycemia, or hypotension		Infant placed on ECMO		Intracranial pathology
	Persistent apnea which required medication		Infant received INO (>4.0 Hrs)		Potential neurological abnormality

SECTION C: LIVING SITUATION

Check (✓) only one

12. Caregiver(s):

(✓)	Caregiver(s)	(✓)	Caregiver(s)
	Both Birth Mother and Biological Father		Single Birth Mother/Father
	Birth Parent with Step or Long-Term Partner		Grandparent
	Aunt/Uncle		Sibling
	Non-Biological Foster Parent		Other Combination _____

13. Zip Code of Primary Caregiver:

Check (✓) only one

14. Education Level
 Primary Caregiver:

(✓)	Education Level	(✓)	Education Level	(✓)	Education Level
	Some high school or less		High school degree		GED Certificate
	Some college/university		College/university degree		Not applicable or unknown

Please provide the following information for the person completing this form.

Name: _____

Phone: _____

Date Completed: _____

* Note: The HRIF Program has assigned the following HRIF Client ID Number for your Non CCS Client. This is the child's identification number.